#### **Application Data Sheet**

## **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification:

235/379

Suggested Group Art Unit::

2876

Title::

ATM CURRENCY CASSETTE ARRANGEMENT

Attorney Docket Number::

D-1204

Request for Early Publication?::

No No

Request for Non-Publication?::

18

Suggested Drawing Figure::

**Total Drawing Sheets:** 

- -

Small Entity::

51

No

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

Page # 1

Initial 12/30/03

# **Applicant Information**

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Jon

Middle Name::

E.

Family Name::

Washington

Name Suffix::

City of Residence::

Clinton

State or Province of Residence:: OH

Country of Residence::

US

Street of Mailing Address::

6732 Christman Road

City of Mailing Address::

Clinton

State or Province of Mailing Address::

Country of Mailing Address::

OH US

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Eric

Middle Name:: S.

Family Name:: VanKeulen

Name Suffix::

City of Residence:: North Canton

State or Province of Residence:: OH

Country of Residence:: US

Street of Mailing Address:: 8246 Willowhurst Circle NW

City of Mailing Address:: North Canton

State or Province of Mailing Address:: OH

Country of Mailing Address:: US

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeff

Middle Name::

Family Name:: Geither

Name Suffix::

City of Residence:: North Ridgeville

State or Province of Residence:: OH

Country of Residence:: US

Street of Mailing Address:: 9229 Root Road

City of Mailing Address:: North Ridgeville

State or Province of Mailing Address:: OH

Country of Mailing Address:: US

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: A.

Family Name:: Barker

Name Suffix::

City of Residence:: North Canton

State or Province of Residence:: OH

Country of Residence:: US

Street of Mailing Address:: 1372 Butler Street

City of Mailing Address:: North Canton

State or Province of Mailing Address:: OH

Country of Mailing Address:: US

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Paul

Middle Name::

D.

Family Name::

Magee

Name Suffix::

City of Residence::

North Canton

State or Province of Residence:: OH

Country of Residence::

US

Street of Mailing Address::

1113 North Main Street, Apt. 147

City of Mailing Address::

**North Canton** 

State or Province of Mailing Address::

OH

Country of Mailing Address::

US

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Randall

Middle Name::

Family Name::

**Jenkins** 

Name Suffix::

City of Residence::

Orrville

State or Province of Residence:: OH

Country of Residence::

US

Street of Mailing Address::

1458 Country Lane

City of Mailing Address::

Orrville

State or Province of Mailing Address::

OH

Country of Mailing Address::

US

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Н.

Middle Name::

Thomas

Family Name::

Graef

Name Suffix::

City of Residence::

**Bolivar** 

State or Province of Residence:: OH

Country of Residence::

US

Street of Mailing Address::

Box 287

City of Mailing Address::

**Bolivar** 

State or Province of Mailing Address::

OH

Country of Mailing Address::

US

# **Correspondence Information**

Correspondence Customer Number:: 28995

# **Representative Information**

# **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	An application	60/437,636	12/31/2002
	claiming the benefit		
	under 35 USC 119(e)		
This Application	An application	60/437,637	12/31/2002
	claiming the benefit		
	under 35 USC 119(e)		

# **Assignee Information**

Assignee Name::

Diebold Self-Service Systems

Division of Diebold, Incorporated

City of mailing address::

North Canton

State or Province of mailing address:: OH